



HEALTH PRIORITY: HEALTH EQUITY

Nebraskans will experience health equity and decreased health disparities.



Why is this important?

According to the Centers for Disease Control and Prevention (CDC), “health disparities or inequities, are types of unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect groups of people.” Nebraska experiences inequities among its population and seeks program, policy, systems, and environmental changes to address these issues.

Changing the frame from disparity to health equity and increasing the capacity of organizations to advance health equity is desired. The foundation of this work must include data collection, coordinated delivery models, diversified workforce, and leadership.

How are we doing right now?

With ever-changing demographics in Nebraska, some large disparities exist by race, geography, income, and gender within the state.

- ▶ Disparity in median incomes between rural and urban Nebraska counties range from a low of \$33,647 in Brown County to a high of \$69,965 in Sarpy County.
- ▶ Fewer adult Nebraskans living in rural areas were up-to-date on cancer screening recommendations (for colon, breast, and cervical cancer) when compared to Nebraska adults living in urban areas.
- ▶ From 2010–2014, Nebraska males were far more likely than females to die by suicide, motor vehicle crash, or homicide.
- ▶ African-American adults (18–64 year olds) were 2.3 times more likely to report having no healthcare coverage compared to whites.
- ▶ Hispanic adults (18–64 year olds) were 11% less likely to report they had a routine check up in the past year compared to whites.
- ▶ Of all racial and ethnic groups, American Indians/Alaska Natives had the highest proportion of people living below the federal poverty level (43.2%) followed by African Americans (33%) and Hispanics (26.2%).

What are the SHIP partners doing?

Promote environmental, systems, policy, and program changes to decrease inequities by:

- ▶ Supporting the workforce and the capacity of organizations to meet national cultural standards, utilize common framework for addressing equity and ultimately provide more equitable services.
- ▶ Enhancing the capability of organizations to collect, analyze and utilize data to expand the understanding of need and opportunities to improve services and support system collaboration.

Read Nebraska’s full State Health Improvement Plan at dhhs.ne.gov/SHIP.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES